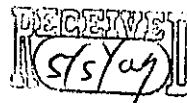


ATTACHMENT

C



SF 95 (Face)

CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: Bureau of Prisons, Northeast Region Regional Office U.S. Customs House, 7th Floor 2nd & Chestnut Street, Phil. PA 19106		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) Leslie Kelly, #26864-039 Jesup FCI 2680 Hi-Way 301 South, Jesup, GA 31599		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 12-17-62	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT On or About May 2003	7. TIME (A.M. OR P.M.)
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) Forced to work 8 months in an unsafe, hazardous and/or unhealthy work environment in the UNICOR factory at FCI McKean. (See attached)				
9. PROPERTY DAMAGE				
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code)				
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.)				
10. PERSONAL INJURY/WRONGFUL DEATH				
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Hoarseness, Chest pain, shortness of breath, headaches, narcosis. Mental and Physical anguish as to the long term effect to my future health.				
11. WITNESSES				
NAME		ADDRESS (Number, street, city, State, and ZIP Code)		
Myron A. Ward Michael W. Hill Carlos Hicks Kevin L. Sggers Sr.		Inmates under the care of the Bureau of Prisons FCI McKean		
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)				
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY \$5,000,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$5,000,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM				
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Leslie Kelly</i>		13b. Phone Number of signatory	14. DATE OF CLAIM 1-10-05	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

95-109

Previous editions not usable.

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

(This form may be replicated via WP)

TRT-NER-2005-01398

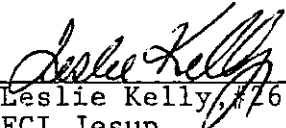
Leslie Kelly, #26864-039
Jesup Federal Correctional Institute
2680 Highway 301 South
Jesup, Georgia 31599

Attachment A:

8. Management personell at FCI McKean acted with deliberate indifference to my safety by forcing me to be exposed to hazardous working conditions. In particular, I was assigned to work in and around areas where Micore fiber boards were being cut, sawed, machined, sanded, and otherwise handled by me without proper ventilation and protective gear. As a result, I was exposed to potential carcinogens contained in the dust from these fiber boards by virtue of other inmates sweeping and fans blowing.

In addition, I was never given the proper safety tools necessary to protect myself from these potentially harmful carcinogens. In fact, personell falsified the Material Safety Data Sheet for the Micore Fiber Board by removing the word "Respirator" and inserting the word "Mask" which was an improper safety device.

As a consequence of these actions I have suffered from Hoarseness, Chest pains, shortness of breath, headaches, narcosis, ailments I never had before being forced to work in an unsafe, hazardous and/or unhealthy work environment in the UNICOR factory at FCI McKean. Moreover, as a result of my exposure to the carcinogens contained in the Micro boards there exist the possibility I may develop lung cancer as a result of the acts or omissions of the management personell to wit-- Marty Sapko, Deborah Forsyth and Stephen Housler based upon their NEGLIGENCE.


Leslie Kelly, #26864-039
FCI Jesup
2680 Highway 301 South
Jesup, GA 31599

cc: file

UNITED STATES GOVERNMENT

Memorandum

Northeast Regional Office, Philadelphia, PA
FEDERAL BUREAU OF PRISONS

DATE: June 17, 2005

REPLY TO

ATTN OF: Henry J. Sadowski, Regional Counsel

SUBJECT: Administrative Tort Claim No. TRT-NER-2005-01398

TO: Leslie Romile Kelly, Reg. No. 26864-039
FCI Jesup

Your Administrative Tort Claim No. TRT-NER-2005-01398, properly received by this agency on January 18, 2005, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. You seek compensatory damages in the amount of \$5,000,000.00 for an alleged personal injury. Specifically, you claim you were forced to work for eight (8) months in an unsafe, hazardous, unhealthy work environment in the UNICOR factory at the Federal Correctional Institution (FCI), McKean, in Bradford, Pennsylvania, causing you many mental health and physical health problems.

After careful review of this claim, I have decided not to offer a settlement. Investigation reveals you worked in the UNICOR factory at FCI McKean from September 3, 2002, through April 24, 2003. The medical record indicates you complained of headaches and other medical problems, however, you did not make any complaints of hoarseness, chest pain, shortness of breath, narcosis, mental or physical anguish during this time. The record indicates UNICOR air quality is within acceptable limits, as set forth by the Occupational Safety and Health Administration (OSHA). OSHA's report indicates that no workers were exposed to greater than 10% of the relevant exposure limit and that all required safety precautions were being followed. You fail to show that negligence on the part of any Bureau of Prisons' employee resulted in your alleged injury.

Accordingly, your claim is denied. If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this memorandum.

cc: James F. Sherman, Warden, FCI McKean
Jose Vazquez, Warden, FCI Jesup

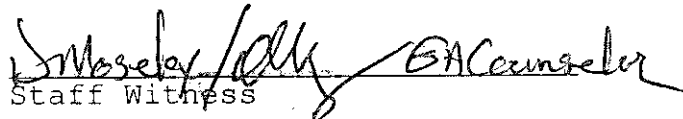
ACKNOWLEDGMENT OF RECEIPT

DENIAL OF TORT CLAIM

I, Leslie Romile Kelly, Reg. No. 26864-039, hereby acknowledge receipt this 23 day of June, 2005, of the June 17, 2005, memorandum from Henry J. Sadowski, Regional Counsel, Northeast Region, Federal Bureau of Prisons, informing me of the denial of my administrative tort claim (TRT-NER-2005-01398).


Signature

Witnessed this 23 day of June, 2005.


Staff Witness